or for commercial purposes, other than using the name and address  NAME OF COMMITTEE (In Full)  ResCare Advocacy Fund  Full Name (Last, First, Middle Initial)  ROBERT KNIGHT  Mailing Address 605 Hillsboro Dr  City State  Silver Spring MD  FEC ID number of contributing federal political committee.  Name of Employer  Name of Employer  Occupation	Date of Receipt  Date of Receipt  Zip Code  Zip Code  Zip Code  Zip Code  Amount of Each Receipt this Period
ROBERT KNIGHT  Mailing Address 605 Hillsboro Dr  City State Silver Spring MD  FEC ID number of contributing federal political committee.  Name of Employer ARBOR E&T Occupation Workforce D  Receipt For: Aggregate Year Other (specify) ▼  Full Name (Last, First, Middle Initial) RALPH G GRONEFELD  Mailing Address 4106 Willow Reed Place  City State Louisville KY  FEC ID number of contributing	Zip Code Transaction ID: A1482EB4654DC421DB1
RALPH G GRONEFELD  Mailing Address 4106 Willow Reed Place  City State  Louisville KY  FEC ID number of contributing	21.67 evelopment, Managin
Name of Employer ResCare, Inc.  Receipt For:  Primary  Other (specify) ▼  Occupation CEO/Preside Aggregate Yea	Date of Receipt    M
Full Name (Last, First, Middle Initial) DAVID W MILES Mailing Address 620 Woodlake Dr  City State Louisville KY  FEC ID number of contributing federal political committee.  Name of Employer ResCare, Inc.  Receipt For: Primary General Other (specify)  General	Date of Receipt    M   M   D   D   D   D   D   D   D   D
SUBTOTAL of Receipts This Page (optional)	